

**United States District Court**  
**SOUTHERN DISTRICT OF CALIFORNIA**

MEDIMPACT HEALTHCARE SYSTEMS, INC., a  
 California corporation,

vs

PROCARE RX, a Georgia corporation; and  
 DANIELLE TAYNAI, an individual

**SUMMONS IN A CIVIL ACTION**

Case No.

**'08 CV 0421 JAH POR**

TO: (Name and Address of Defendant)

PROCARE RX, a Georgia corporation  
 Nisbet S. Kendrick, III, Esq., Registered agent for service  
 1201 W. Peachtree Street, Suite 3500  
 Atlanta, Georgia 30309

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and  
 serve upon PLAINTIFF'S ATTORNEY

Andrea M. Kimball, Esq.  
 Luce, Forward, Hamilton & Scripps LLP  
 600 West Broadway, Suite 2600  
 San Diego, California 92101  
 Tel: 619.233.2986; Fax: 619.645.5323

An answer to the complaint which is herewith served upon you, within 20 days after  
 service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment  
 by default will be taken against you for the relief demanded in the complaint.

W. Samuel Hamrick, Jr.

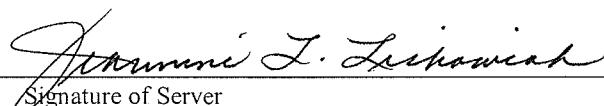
CLERK

*3/5/08*

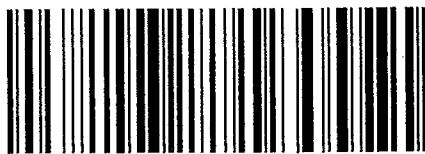
DATE

By

  
 C. RUTTMANN, Deputy Clerk

RETURN OF SERVICE				
Service of the Summons and Complaint was made by me	DATE April 15, 2008			
NAME OF SERVER Jeannine L. Liskowiak	TITLE Legal Secretary			
Check one box below to indicate appropriate method of service				
<input type="checkbox"/>	Served personally upon the defendant. Place where served: _____			
<input type="checkbox"/>	Left copies thereof at the defendant's dwelling, house or usual place of abode with a person of suitable age and discretion then residing therein: _____			
<input type="checkbox"/>	Name of person with whom the summons and complaint were left: _____			
<input type="checkbox"/>	Return unexecuted: _____			
<input checked="" type="checkbox"/>	Other (specify): I also served copies of Civil Cover Sheet and Plaintiff MedImpact Healthcare Systems, Inc.'s Notice of Interested Parties on ProCare RX, a Georgia corporation c/o Nisbet S. Kendrick, III, Esq., all via Certified Mail, Return Receipt Requested (FRCP 4(e)(1), 4(h)(1); CCP 415.40).			
STATEMENT OF SERVICE FEES				
TRAVEL		SERVICES	TOTAL	
DECLARATION OF SERVER				
I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service is true and correct.				
Executed on: <u>April 15, 2008</u>	Date	 Signature of Server		
600 West Broadway, Suite 2600, San Diego, CA 92101				
Address of Server				
NOTICE OF RIGHT TO CONSENT TO TRIAL BY A UNITED STATES MAGISTRATE				
IN ACCORDANCE WITH THE PROVISION OF 28 USC 636(C) YOU ARE HEREBY NOTIFIED THAT A U.S. MAGISTRATE OF THIS DISTRICT MAY, UPON CONSENT OF ALL PARTIES, CONDUCT ANY OR ALL PROCEEDINGS, INCLUDING A JURY OR NON-JURY TRIAL, AND ORDER THE ENTRY OF A FINAL JUDGMENT. <u>COUNSEL FOR THE PLAINTIFF HAS RECEIVED A CONSENT FORM.</u>				
YOU SHOULD BE AWARE THAT YOUR DECISION TO CONSENT OR NOT CONSENT IS ENTIRELY VOLUNTARY AND SHOULD BE COMMUNICATED SOLELY TO THE CLERK OF COURT. ONLY IF ALL PARTIES CONSENT WILL THE JUDGE OR MAGISTRATE TO WHOM THE CASE HAS BEEN ASSIGNED BE INFORMED OF YOUR DECISION.				
JUDGEMENTS OF THE U.S. MAGISTRATES ARE APPEALABLE TO THE U.S. COURT OF APPEALS IN ACCORDANCE WITH THIS STATUTE AND THE FEDERAL RULES OF APPELLATE PROCEDURE.				

1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

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OF THE RETURN ADDRESS. FOLD AT DOTTED LINE**CERTIFIED MAIL™**7003 2260 0007 4369 9684  
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ProCare RX  
Nisbet S. Kendrick, III, Eq.  
1201 W. Peachtree St. #3500  
Atlanta, GA 30309

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Total Postage &amp; Fees

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
ProCare RX, a Georgia  
corporation  
Nisbet S. Kendrick, III, Eq.  
1201 W. Peachtree St. #3500  
Atlanta, GA 30309

2. Article Number  
(Transfer from service label) 7003 2260 0007 4369 9684  
PS Form 3811, August 2001 Domestic Return Receipt  
102595-02-W-1540

A. Signature <b>X</b>	<input type="checkbox"/> Agent
<input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:	



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